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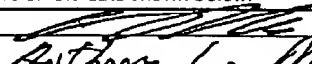
AUG 18 2005

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Docket No.: STC-P002US	Total Pages: 2
	Application No.: 09/863,821	
	Filing Date: 5/24/2001	
	First Named Inventor: Gary Gamerman	
	Art Unit: 2157	
Examiner Name: Coffy, Emmanuel		

	ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
<p>Please withdraw me as attorney or agent for the above-identified patent application, and</p> <p><input type="checkbox"/> all the attorneys/agents of record; or</p> <p><input type="checkbox"/> the attorneys/agents (with registration numbers) listed below; or</p> <p><input type="checkbox"/> the attorneys/agents associated with Customer Number (Note: This box can be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.)</p> <p>The reasons for this request are:</p> <p>The client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time or has failed to honor an agreement to pay a retainer in advance of the performance of legal services.</p> <p>CORRESPONDENCE ADDRESS:</p> <p>1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.</p> <p>2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to:</p> <p><input type="checkbox"/> the address associated with Customer Number: OR</p> <p><input checked="" type="checkbox"/> the following Firm or Individual Name, address, Telephone, Fax, and Email:</p> <p align="center"> Gary Gamerman Seraphim Technology Consulting, Inc. 2158 Bonaventure Drive Vienna, VA 22181 (t) +1 (703) 242-5649 (f) +1 (815) 327-3876 ggamerman@seraphimlifesciences.com </p>	


REQUEST FOR WITHDRAWAL
(Executed Attachment to Page 1)

Page 2

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature 	
Typed or printed name <u>Anthony L. Miele</u>	Date <u>8/18/05</u>

Dated: 8/18/05

Respectfully submitted,

By: 
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